



**COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY  
BEHAVIORAL HEALTH SERVICES**

**ADULT AND OLDER ADULT MENTAL HEALTH SERVICES  
CHILDREN'S MENTAL HEALTH SERVICES  
ALCOHOL AND DRUG SERVICES**

**CO-OCCURRING PSYCHIATRIC AND SUBSTANCE ABUSE DISORDERS  
CONSENSUS DOCUMENT**

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**JEAN SHEPARD  
Health and Human Services Agency, Director**

**JENNIFER SCHAFFER  
Behavioral Health Division, Director**

**ALFREDO AGUIRRE  
Mental Health Services, Director**

**SUSAN BOWER  
Alcohol and Drug Services, Director**

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**VISION**

To provide safe, healthy and thriving communities.

**MISSION**

Provide coordinated, quality, cost effective, culturally competent, age appropriate, outcome-based services that promote wellness and recovery.

**GUIDING PRINCIPLES**

1. Establish regionalized community-based service delivery systems focused on Customer Service.
2. Value employees, our most important resource
3. Consolidate and integrate programs.
4. Ensure all activities are outcome driven.
5. Assure fiscal responsibility and integrity.
6. Achieve a smaller governmental bureaucracy.
7. Expand community collaborative efforts into full partnerships.

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**Overview**

The County of San Diego, Health and Human Services Agency, (HHSA), is committed to quality of care for all clients served in the public health system. The County's commitment to quality care strives to provide services in a culturally competent and age appropriate manner. Individuals with co-occurring psychiatric and substance abuse disorders in San Diego County are recognized as a population with poor outcomes in multiple clinical domains and whose treatment costs are higher. In both mental health and alcohol and drug treatment settings there is a need for additional co-occurring or integrated services resulting in over utilization of resources in the criminal justice system, the primary health care system, the homeless shelter system, and the child protective system. In addition to having poor outcomes and high costs, individuals with co-occurring disorders across cultures and ages are sufficiently prevalent in all behavioral health settings that they can be considered an expectation, rather than an exception. "Clinical" in its usage throughout this document is understood to encompass alcohol and drug treatment and recovery modalities.

In order to provide more welcoming, accessible, integrated, age appropriate, culturally competent continuous, and comprehensive services to these individuals, the following entities in San Diego County, HHSA, Adult and Older Adult Mental Health Services, (AOAMHS), Children's Mental Health Services (CMHS), Alcohol and Drug Services (ADS), with support of both the Mental Health and Alcohol and Drug Advisory Boards, have agreed to adopt the Comprehensive, Continuous, Integrated System of Care (CCISC) model for designing systems change to improve outcomes within the context of existing resources. The CCISC model is consistent with the overarching expectations of providing developmentally appropriate and culturally competent services within our delivery

system. This model is based on the following eight clinical consensus best practice principles (Minkoff, 1998, 2000) which espouse an integrated clinical treatment philosophy that makes sense from the perspective of both the mental health system and the substance disorder treatment system: The HHSA, through this consensus document addresses age appropriateness and cultural competency as a key element embedded in the following eight core principles of the CCISC model

1. Co-occurring is an expectation, not an exception for culturally competent service provision to all age groups. This expectation has to be included in every aspect of system planning, program design, clinical procedure, substance abuse recovery, treatment, case management, and aftercare services, counselor and clinician competency, and incorporated in a welcoming manner into every clinical and treatment recovery contact.
2. The core of treatment success in any setting is the availability of empathic, hopeful, age appropriate, culturally competent treatment and recovery relationships that provide integrated treatment, coordination and continuity of care across multiple treatment episodes. Integrated treatment is defined to include collaborative relationships formed between programs to address and treat both disorders when integrated services cannot be provided at the same program.
3. Assignment of responsibility for provision of such age specific and culturally competent relationships can be determined using the four quadrant national consensus model for system level planning, based on high and low severity of the psychiatric and substance disorder.
4. Within the context of any treatment relationship, case management and care, based on the client's impairment or disability, must be balanced with empathic detachment, confrontation, contracting, and opportunity for contingent learning, based on the client's goals and strengths, culture, language, age and availability of appropriate contingencies. A culturally competent comprehensive system of care will have a range of programs that provide this balance in different ways.
5. When mental illnesses and substance abuse disorders co-exist, each disorder should be considered of equal importance, and integrated dual primary treatment that is age and culture specific is required.
6. Mental illness and substance abuse or dependence are both examples of chronic, biopsychosocial disorders that can be understood using a disease and recovery model. Each disorder has parallel phases of recovery (acute stabilization, engagement and motivational enhancement, prolonged stabilization and relapse prevention, rehabilitation and growth) and stages of change. Treatment must be matched not only to diagnosis, developmental stages and cultural considerations, but also to phase of recovery and stage of change. Appropriately matched interventions may occur at almost any level of care.
7. Consequently, there is no one correct co-occurring program or intervention. For each individual, the proper treatment must be matched according to age, culture,

quadrant, diagnosis, disability, strengths/supports, problems/contingencies, phase of recovery, stage of change, and assessment of level of care. In a CCISC, all programs are co-occurring programs that at least meet minimum criteria of co-occurring capability, but each program has a different “job”, that is matched, using the above model, to a specific cohort of patients, clients, or participants.

8. Similarly, outcomes must also be individualized, according to client’s age and culture, including reduction in damaging consequences, movement through stages of change, changes in type, frequency, and amounts of substance use or psychiatric symptoms, improvement in specific disease management skills and treatment adherence.

Using these principles, we have agreed to implement a culturally competent and age appropriate CCISC in San Diego County, HHSA with the following four core characteristics:

1. The CCISC requires participation from all components of the mental health and alcohol and drug service system, with expectation of achieving, at minimum, Co-occurring Capability standards (and in some instances Co-occurring Enhanced capacity), and planning culturally competent and age appropriate services to respond to the needs of an appropriately matched cohort of co-occurring patients, clients, or participants.
2. The CCISC will be implemented initially with no new funding, within the context of existing treatment operational resources, by maximizing the capacity to provide integrated age appropriate and culturally competent treatment proactively within existing funding streams and contracts.
3. The CCISC will incorporate utilization of the full range of evidence-based best practices and clinical consensus best practices for individuals with psychiatric and substance abuse disorders, and promote integration of age appropriate culturally competent appropriately matched best practice treatments for individuals with co-occurring disorders.
4. The CCISC will incorporate an integrated treatment philosophy and common language using the eight principles which have been adapted by HHSA to embed age appropriateness and cultural competence as listed above, and develop specific strategies to implement clinical programs, policies, and practices in accordance with the principles throughout the system of care.

### **Action Plan**

All HHSA programs and contractor agency programs participating in this initiative shall agree to implement the following action steps. All programs and/or agencies participating in the train-the-trainer initiative, whether voluntarily or by contract requirement will:

1. Adopt this document as an official policy statement of the program and/or parent agency, with approval of Board of Directors or similar governing body as appropriate. Circulate the approved document to all staff, and provide training to all staff regarding the principles and the CCISC model.
2. Assign appropriately empowered administrative and clinical staff to participate in County of San Diego's integrated system planning and program development activities.
3. Adopt the goal of achieving co-occurring capability as part of the program and/or parent agency's short and long range strategic planning and quality improvement processes.
4. Participate in the self-survey using the COMPASS instrument annually to evaluate the current status of co-occurring capability.
5. Develop a program specific action plan outlining measurable changes at the agency level, the program level, the clinical practice level, and the clinician competency level to move toward co-occurring capability. Monitor the progress of the action plan at quarterly intervals. Participate in system wide training and technical assistance with regard to implementation of the action plan.
6. Participate in system wide efforts to improve identification and reporting of individuals with co-occurring disorders by incorporating program specific improvements in screening and data capture in the action planning process.
7. Participate in system wide efforts to improve welcoming access for individuals with co-occurring disorders by adopting program specific welcoming policies, materials, and expected staff competencies.
8. Assign staff to participate in system wide efforts to develop co-occurring capability standards, and systemic policies and procedures to support welcoming access in both emergency and routine situations.
9. Assign appropriate clinical and administrative leadership to participate in interagency care coordination meetings as they are developed and organized.
10. Participate in system-wide efforts (e.g., CCISC Cadre Committee) to identify required attitudes, values, knowledge, and skills for all clinicians and direct service staff regarding co-occurring disorders, age appropriate evidence based treatment/interventions and adopt the goal of co-occurring competency for all clinicians and direct staff as part of the agency's long range plan.


11. Participate in clinician and staff competency self survey using the CODECAT annually, and use the findings to develop an agency and/or program specific training plan.
12. Identify appropriate clinical supervisory and administrative staff to participate as trainers in the system wide train-the-trainer initiative, to assume responsibility for implementation of the agency's or program's training plan, and assist in tool administration and implementation of the agency's or program's co-occurring capability action plan.

The following parties are in agreement with this consensus document.



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